

TC 1953

186

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 12     | 2/26     |
| FORMALITY REVIEW          | TH       | 953    | 03-05-01 |
| RESPONSE FORMALITY REVIEW | SG       | 1077   | 6/22/01  |

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled        A ..... Appeal  
+ ..... Restricted                      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        | ✓    |
| 5        | ✓    |
| 6        | ✓    |
| 7        | ✓    |
| 8        | ✓    |
| 9        | ✓    |
| 10       | ✓    |
| 11       | ✓    |
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| 20       | ✓    |
| 21       | ✓    |
| 22       | ✓    |
| 23       | ✓    |
| 24       | ✓    |
| 25       | ✓    |
| 26       | ✓    |
| 27       | ✓    |
| 28       | ✓    |
| 29       | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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